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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948 818
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2924
Registrar's No. 387

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4514 ST. LOUIS.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELSON A. OWENS.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JULY (Month) 11 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	1	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Dentist
11. Industry or business
FATHER
12. Name John Owens.
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Deacon.
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mabel Owens.
(b) Address 4514 St. Louis Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.
19. (a) JAN 13 1948 (Date received local registrar) J. F. Bussek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. day 12 year 1948 hour 9:15 minute P. M.
21. I hereby certify that I attended the deceased from January 7th, 1948, to January 12th, 1948, that I last saw him alive on January 12th 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	4 days
Due to Partial obstruction of caecum	2 weeks
Due to From Ventral Hernia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Solon Cameron (M.D. or Coroner)
Address 508 N. Grand Blvd. Date signed 1/13/48.
Solon Cameron

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NE 7298

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.